

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33929

STATE FILE NUMBER

8071

FILED SEP 17 1957

Registration District No.

318

Primary Registration District No. 1003

Registrar's No.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis, Missouri TOWN | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR St. Louis (12) TOWN | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Missouri Baptist INSTITUTION | | Length of stay in lb | | STREET ADDRESS (If outside, give location) 5981a Cote Brillante | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | 3. NAME OF DECEASED (Type or print) First John Middle Francis Last Nesmeyer | | 4. DATE OF DEATH Month July Day 31 Year 1957 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 31, 1957 | |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months 1 Days 1 | | IF UNDER 24 HRS. Hours 1 Min. 36 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME Francis Ernest Nesmeyer | | | | 13b. MOTHER'S MAIDEN NAME Genevieve Farnen | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Francis E. Nesmeyer Address 5981a Cote Brillante | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Immaturity DUE TO (c) 762.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 72 hours | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour 1:40 P Month, Day, Year July 31, 1957 | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. | | COUNTY STATE | |
| 21. I attended the deceased from Death occurred at July 31, 1957 1:40 P to July 31, 1957 1:40 P and last saw him alive on July 31, 1957 on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Charles G. Mader, M.D. | | | | 22b. ADDRESS 3121 N. Grand | | 22c. DATE SIGNED 8-21-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) AUG 31 57 | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| 24. FUNERAL DIRECTOR Rowland Mortuary Svc. ADDRESS 4104 06 Manchester | | | | 25. DATE RECD. BY LOCAL REG. AUG 29 57 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P. | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Not Embalmed

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.